

CLAIMS ONLY							Application Number 10661000		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51		1			
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35	1						85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44	1						94					
45	1						95					
46	1						96					
47							97					
48	1						98					
49							99					
50							100					
Total Indep							Total Indep	6				
Total Depend							Total Depend	47				
Total Claims							Total Claims	53				